

# No Licence to **KILL**

**EUTHANASIA**

**ASSISTED SUICIDE    MERCY KILLING**

**LAW**

**MEDICINE**

**ETHICS**

Introduction by  
**Dr. Veerappa Moily**  
Minister of Law & Justice  
Government of India



**Dr. Marie Mignon Mascarenhas**



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# No License to KILL

Assisted Suicide

Mercy Killing

## A Scientific Exposition

**Dr. Marie Mignon Mascarenhas**

MBBS Mumbai, FRIPHH London, MFC MRCP London

Enlightening!

*Dr. Jack Willke*

*President - International Right to Life Federation, USA*

Educative!

*Dame Phyllis Bauman UK*

Thought provoking.

*Dame Kath Harrigan Australia*

A Must for every Educator and Graduate.

*Dr. Veerappa Moily*

*Minister of Law & Justice*

*Government of India*



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**Dr. Marie Mignon Mascarenhas**

MBBS Mumbai, FRIPHH London, MFC MRCP London

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For Family Life Promotion

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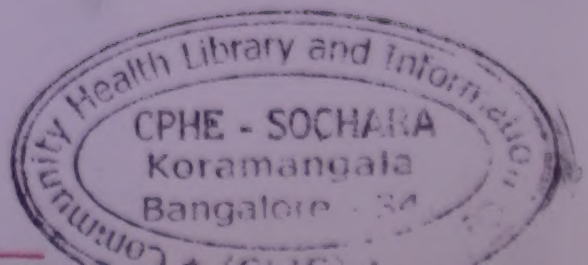
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# Foreword



**Razia Rizwan Hussain**  
Ahmedabad

*"Through the years from college to a family with growing children. I have been counseled by Dr. Mascarenhas. Her blessing and personal involvement in my family whom she has touched have made true the teaching of the Koran that "knowledge is good, but it is of no use unless it reaches out and does good".*

**Smt. Saraswati**

**Counsellor Trained in CREST, Jammu**

*"Thank you for giving me the privilege of translating the monograph into Tamil. I owe my whole career to my training, which gave me the love for Life. This Monograph has changed my whole perception of human life about which the Gita says that the blaze of a thousand suns cannot equal the light of one human heart.*



**Vimla Pinto,**  
**Lawyer**

*A jewel in her profession, Bangalore Brilliant yet, compassionate, Crest is privileged to have her as our legal adviser and trustee committed to the Truth and Caring for people.*



## Acknowledgements

Crest places on record its gratitude to: *this*

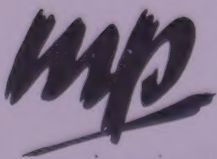


*brilliant young  
media designer*

**Sandeep Eli Mathew**, who dedicated his time for the International Right to Life Federation.



**Selena Nunes**, Creative Advertising Profession, **WindsSong Creativity**, who has painstakingly reviewed this book, adding dimension and fresh perspective.



**Matha Prints**, who have patiently designed the book.

# *Dedication*

Dedicated to **Life**

and love and all and those who protect and enhance it.

- For my parents, my friends, Pope John Paul II and Mother Teresa, who instructed me to “Share your scientific knowledge”; “Speak to the head, I’ll speak to the heart” respectively.
- Dame Kath Harrigan of Sydney, Australia  
*“Marie, you are one of the best!”*
- Dame Phyllis Bowman of London UK  
*“She challenges Life itself brilliantly and encourages me warmly”.*
- Dr. Jack & Barbara Willke my mentors, who inspired me with their love for truth.
- Dr. Jessie Philipps USA co-researcher.
- Narendra Singh & my devoted CREST Staff
- For Dr. Veerappa Moily - **my warm and sincere thanks for his generous introduction.**



डा० एम. वीरप्पा मोइली  
Dr. M. VEERAPPA MOILY



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विधि एवं न्याय  
भारत सरकार  
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NEW DELHI-110 115

August 5, 2010

## INTRODUCTION

I am happy to write and recommend this important Monograph by the distinguished doctor whom I have known and her husband the late Dean of St. John's Medical College - Dr. Alfred Mascarenhas.

Dr. Marie Mignon Mascarenhas, Founder, Department of Community Medicine in St. John's Academy of Health Sciences in Bangalore, has studied at Grant Medical College, Mumbai and London University. She also represented India at the United Nations and other World Conferences on Female Health, Women etc. and directed a W.H.O. Research Study. She has written several excellent books in India. She is a recipient of several Awards, including the John Paul II for Prolife.

Every College graduate, teacher and educator should have a copy of this Monograph and help India to regain its glory as the country is known for its Law, Order and sense of justice. As Minister of Law and Justice, I appeal to medical community to fully utilize the fund of knowledge flowing out of this book.

Sd/-

Dr. M. Veerappa Moily

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# *Introduction*

**Licenced to Kill** encapsulates the essence of the preciousness of life and how none of us, specially the medical profession, who have been called up to save life and nurture it from birth through life to natural death, have a right to destroy it.

As a doctor, I have seen the man-made traumas that accompany the futility of life. However, none of us can bring life and none of us have the right to take life, no matter how serious the situation is.

In this book, I have touched upon all aspects that are related to euthanasia, unbearable pain, explosion of life, fearful symmetry, science, faith, legal status, doctors and medicine, resist making decisions, counselling, women and euthanasia, human relations, professions, gender, law, medicine, ethics, case studies and frequently asked questions.

The value of life has been reduced to almost nothing and is treated callously, as loving relationships are at low ebb. We tend to forget the miracle of birth, life itself and that we are made in the image of God.

My request to you is to treat life as a precious gift. Be vigilant about euthanasia seeping into our culture. You and I are responsible for life and natural death.

Long live life!

**Dr. Marie Mignon Mascarenhas**

*"If we have no peace in the families, it is because we have forgotten that we belong to each other." - Mother Theresa*

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# 1 Euthanasia

## The Scientific Truths

### Definition

 euthanasia is taken from the Greek word *Euthanatos* meaning “good death”. Every human being, irrespective of caste, creed, sex, colour, intelligence, status, race or age would naturally like to experience a “good death”.

Each one of us hopes that:

- We will not die alone
- We will die in peace with our God
- We will die with our loved ones to whom we gave life beside us
- We will die in dignity and in keeping with our humanity, for as the Gita says: “The blaze of a thousand suns cannot equal the light in one human person”, i.e., our precious, unique humaneness.

However, today Euthanasia refers to the practice of “a **deliberate intervention** undertaken with the express intention of ending a life, to relieve intractable suffering, for his or her alleged benefit”.

**This could be deliberate withdrawal of ordinary nourishment (food and water) or by injecting or orally giving drugs to kill when the brain is not dead.**

This is 'Assisted Suicide' when someone, including a doctor provides an individual with the means or information to take his or her own life, with the intention to kill him /her.

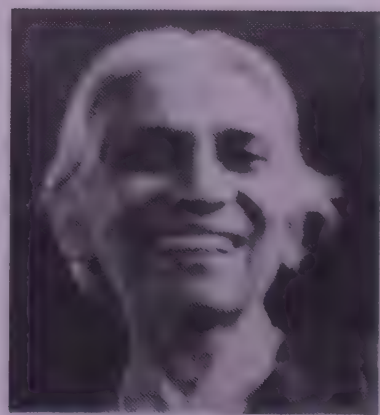
When a doctor helps a person to kill, it is called "physician assisted suicide."

Euthanasia activists talk about preserving dignity or avoiding what they view as the indignity of becoming physically weak and dependent on others. Their solution is to prematurely end a life that in their view is simply not worth living. In essence, they are peddling a "cure" for hopelessness.

**Are we putting both our aged or ill persons who have led a full and productive life, and who are now like a "baby", helpless and vulnerable to killing, in the same category?**

## The Crisis of Ageing

All over the world, the elderly population is growing, and it is projected that in the next decades most of the elderly would be in the developing countries. With improving living standards comes better health and access to medical services, leading to a decline in mortality rates and higher life expectancy.



*Growing old  
gracefully*

India's single most stunning achievement during the last century is the longevity of its people, and the lowering of the death rate of 27 per cent in 1947 (Independence) to 63 per cent today.



**The UN defines a country as 'ageing' where the proportion of people over 60 reaches 7 per cent. India has already exceeded this and is likely to reach 12.6 per cent by 2025. Women over 60 years will form the biggest pool in Asia.**

*The financial pressures of caring for the elderly will multiply in the coming years as our population ages. If euthanasia becomes 'standard procedure', many elderly people may declare their willingness to die when their lives are no longer productive so as to ease the financial burden on their family, but the long term consequences could be brutal.*

*In India, age is honoured as a reservoir of wisdom. I experienced this with my own mother who had few academic qualifications but outstripped me in every way in culture and wisdom.*

**At the end of our days we can hopefully say with dignity:  
"Lord, I am ready. I could have done better, but I have tried my best; I will go on to celebrate life till its natural end with love."**

**There is no way you can be really sure that the decision towards assisted suicide is voluntary or influenced. Doctors cannot predict whether there is a possibility of remission or recovery with other advanced treatments.**

---

**Foot Note:** As our Nobel Laureate, Tagore, prayed: "Make me like a reed for Thee to fill with music. May my eyes close in love in the country where they first opened to its beauty"

LEGALIZING EUTHANASIA would be like empowering law abusers and increasing distrust of patients towards doctors.

Hence implementing euthanasia would mean many unlawful deaths that could have well survived later as is already being observed.

MERCY KILLING would cause decline in medical care and cause victimisation of the most vulnerable in society.

**Would mercy killing transform itself  
from the “right to die” to the “right to kill”?**

If Voluntary Euthanasia is made legal for “persons of sound mind” there will inevitably be tremendous pressure to provide it for those who “would request it if they were able to” - the mentally ill or handicapped, the senile, etc. and those burdened with their care would easily succumb to this temptation.

*People will no longer trust their doctors and nurses if we follow countries like the Netherlands. When a decision is taken without due patient consultation and care; and even relatives are not informed. No one would sleep soundly in the hospital anymore!*

★ ★ ★ ★

Remember that there is no truth without  
justice and no justice without love and life and  
without love what is life.



## 2 PAIN

### **Kill the Pain – Not the Patient**

#### **Physical Pain**

Physical Pain, with rare exceptions, can be controlled. When confronted by stories of a person's loved one being in constant pain, sound advice is: "Get another doctor." If the treating doctor cannot control the pain, get one who can.



**WHO has documented that 90% of all pain can be relieved. The claim that serious physical pain is a valid reason to kill a patient does not hold up today.**

#### **Emotional Pain - Depression - Loss of Dignity - Sense of Abandonment**

The second type of pain, which is the main reason that people want to die is emotional pain, despair, hopelessness, being unloved, anguish, loneliness, isolation, not wanting to be dependent on others. Dealing with this is the real **CHALLENGE** to all of us.

On November 15, 2000, the Journal of the American Medical Association (JAMA) published the revealing results of a scientific study. It revealed that depression and hopelessness – **NOT PAIN** – are the dominant reasons why patients seek assisted suicide or euthanasia.

Tender Loving Caring is the most needed therapy today from family, doctors and nurses. The "Lift", the desire to live, the

stimulus to the brain to bring all the positive forces to strive are the best medicines in the world.

*'Anencephalies' are defective newborns who lack a brain or are so severely brain damaged that it is immediately clear that a sense of self or personality can never develop. They would qualify as non persons. They usually survive for a few hours and do not pose a problem. Nature herself solves it.*

## **Hidden Agenda - Live Organs for Sale**

Euthanasia makes available organs for sale, from the sale of eyes to bone marrow to transplants. Sadly, it is a thriving business aided and abetted by medical professionals and difficult to control or eradicate. There is a high price for live organs.

A wealthy western woman adopted a poor child after ensuring she had the same bone marrow group and used it for her own cancer ridden child!

**Population Control** has been experienced in the past as a hidden agenda to promote minority and tribal control. Someone went as far as to say that AIDS can help wipe out unwanted people! Some say that Homosexuality should be allowed freely so that no children will be born!

India has few hospitals, doctors and nurses. Use them for the young and able. Let the old die and not be a financial liability or dependent.

\* \* \* \*

But I have been created to live and love  
and let others live.



# 3 Explosion into Life

## The Beginning

**P**rofessor Erik Odeblad, gynaecologist and biophysicist of international repute, and advisor to the Government of India from Umea University, Sweden, visited Nobel Scientist, Sir C.V. Raman Institute, in Bangalore to pay homage to Raman's discovery of refraction which opened up to Odeblad and the world the knowledge of the role of cervical mucus in transporting, nourishing and empowering a sperm 1/100th the size of a pin head to lash its tiny tail in its hazardous race to reach and fuse with the human ovum in an "explosion into life". He said there was no comparison in this scientific celebration of life which continues till natural death: "I have never seen anything like this in all science." He quotes Tagore: "Every time a child is born proves that God still has faith in man."



## Euthanasia is a Human Life Issue, Not a Religious Issue

The overrating of the material productivity of a human being, the breakdown of family relationships and questionable use of medical technology, make it imperative for every human being to understand the true facts of Euthanasia.

Since Euthanasia is a human life issue, it is crucial that the general public knows the truth, as also those in the medical, judicial, educational and social fields, that Euthanasia or “mercy killing” or “physician-assisted suicide” is not “good” or “ethical” or “merciful” as commonly portrayed.

Dr. Malini Karkal, Ph.D., a senior statistician reported in a 1991 survey that Euthanasia was rejected in India significantly by all religions:

Hindus	93%
Muslims	92%
Christians	97%
Jains and Buddhists	100%



★ ★ ★ ★

The intensive education of children’s minds by their educators parents at home and teachers in schools for the cultivation of NON-VIOLENCE must be a credo for all peace loving persons.



# 4 Fearful Symmetry

Malcolm Muggeride, the famous writer of yesteryear delivering a keynote address in Washington said:

“I have this conviction, which is really at the heart of everything, that as an infinitesimal particle of God’s creation. You are part of His purpose. Whether sick or dying, it is that purpose which gives any significance or reality to a human life. That purpose is a loving and not a malign purpose, a creative and not a destructive purpose, an eternal and not a temporal purpose, a universal and not a particular purpose. And in that certainty are a very great comfort and a very great joy”.

These two words - **Fearful Symmetry** - by William Blake have impressed themselves on me most powerfully.

*“Tiger! Tiger! Burning bright,  
In the forest of the night.  
What immortal hand or eye  
Could frame thy “fearful symmetry?”*

## Life Cycle

The Fearful Symmetry is the reality that we find in these communications. It is, as it were, the book of life being written, a testament comprising every work spoken, deed entertained, suffering endured is a living volume in which is written a true revelation of God’s word, explaining it to every heart and folding it in every passing moment.

*“Nature is a parable” writes John Henry Newman. Nature is not just something objective which exists outside us. Nature is speaking to us. It is a parable of life itself, a revelation of fearful symmetry. You have, for instance, the force of life pushing upwards all vegetation, all plants, all trees. The grain of wheat dies in order to be reborn as a green shoot,*

*ripening eaten and then returns to the earth for the process to begin again.*

This is a wonderful cycle, where the awesome beauty of life is revealed in fearful symmetry. It is the marvellous, continuing creativity in life. It is sad that today the family, which expresses this continuity, should be under grave attack. The love that affirms the family, the joy engendered by it and the sublime fulfilment of a new life coming into the world are all reduced to a sterile pursuit for erotic excitement.

That the exterior world, both physical and historical, but also the manifestation to our senses of realities greater than itself. Newman made the observation that particularly appealed to me and particularly related to fearful symmetry.



\* \* \* \*

- Why this had such an enormous impact on me is because it expresses something that I have long been aware of: everything that happens to us in connection with us, all the happenings in the world, great and small, the whole exterior phenomenon of nature and of life, all that amounts to God speaking to us, sending out messages in code, and faith is the key whereby we may decipher them. It sounds very simple, but it's somehow difficult to convey exactly. But life has this grand and great "fearful symmetry". Do we want to destroy it?
- "Be natural and accept a natural end to the cycle of life"
- "I have tremendous feeling about this because in old age one is particularly conscious of the endless repetition of a cycle in nature, a cycle which one's grandchildren draw to one's attention, recalling odd gestures and the little tricks of expression."
- A Fearful Symmetry, Malcolm Muggeridge



# 5 Science and Faith

## Hubris

**N**ot every science is in accordance with faith and not every reason is righteous. One must be conscious of one's own limitations, one's own reasoning and the limits of science. If one thinks that there is a discrepancy between faith and science, and if one seems to be unable to understand the demands of faith, there is only one way out: to accept it with deep humility.

The greatest danger to humanity derive from the sin of "hubris", the pride of man who wants to be like God and decide human destiny.

## Human Rights

**"Over 60 years of the Universal Declaration of Human Rights!  
Where have we descended down into?"**

**– Dr. Jack Willke**

The Constitution of the country and all religions have laws that protect human life. Both of them ban the deliberate killing of a human by holding back ordinary means of nourishment when dying or extraordinary means when the person has a chance to live.

A man bleeding to death on the road needs blood, or a hemorrhaging woman, a patient with lung infection needs oxygen and antibiotics. These persons have a wonderful chance of recovery and deserve the extraordinary means to return to a full life.

A cancer patient with secondaries does not need be given oxygen or blood or expensive medication only to prolong life, but simple nourishment and tender loving care must never be withheld. Every human being longs to be loved and wanted, especially when helpless or feeling “hopeless” and depressed.

*Europe is dying. Guess why?*

*No children, no future!*

*Euthanasia, even when not legal!*

*Where are they heading?*

Practising Euthanasia is legal only in the Netherlands and Belgium. Switzerland, however, does not punish doctors who perform euthanasia. Japan has no law criminalizing euthanasia, although legislation is being considered which would spell out the country's legal view of the subject explicitly.

Assisted Suicide is the correct term (this is not euthanasia or good health) is legal in three US states: Oregon, Washington and Montana. New Hampshire is currently considering a bill on assisted suicide. It is also legal in the countries of Albania and Luxembourg.

A bill is currently in the Australian Parliament which, if passed, will restore the Northern Territory's self-governing rights. As I write many countries are legislating on Assisted Suicide.

\* \* \* \*

The knowledge is good but unless it reaches out and  
does good it is no use.

- Koran



# 6 Legal Status

## Sections from Indian Penal Code

### In case of Voluntary Euthanasia:

#### Section 300 - Murder

Except in the cases hereinafter excepted, culpable homicide is murder, if the act by which the death is caused is done with the intention of causing death



or

Secondly, if it is done with the intention of causing such bodily injury as the offender knows to be likely to cause the death of the person to whom the harm is caused

or

Thirdly, if it is done with the intention of causing bodily injury to any person and the bodily injury intended to be inflicted is sufficient in the ordinary course of nature to cause death

or

Fourthly, if the person committing the act knows that it is so imminently dangerous that it must, in all probability, cause death or such bodily injury as is likely to cause death, and commits such act without any excuse for incurring the risk of causing death or such injury as aforesaid.

## Case Studies

- a) A shoots Z with the intention of killing him. Z dies in consequence. A commits murder.
- b) A, knowing that Z is labouring under such a disease that a blow is likely to cause his death, strikes him with the intention of causing bodily injury. Z dies in consequence of the blow. A is guilty of murder, although the blow might not have been sufficient in the ordinary course of nature to cause the death of a person in a sound state of health. But if A, not knowing the Z is labouring under any disease, gives him such a blow as would not in the ordinary course of nature kill a person in a sound state of health, here A, although he may intend to cause bodily injury, is not guilty of murder, if he did not intend to cause death, or such bodily injury as in the ordinary course of nature would cause death.
- c) A intentionally gives Z a sword cut or club wound sufficient to cause the death of a man in the ordinary course of nature. Z dies in consequence. Here, A is guilty of murder although he may not have intended to cause Z's death.
- d) A without any excuse fires loaded cannon into a crowd of persons and kills one of them. A is guilty of murder, although he may not have had a premeditated design to kill any particular individual.

## In case of Non-Voluntary, Involuntary Euthanasia:

### Section 92 - Act done in good faith for benefit of a person without consent

Nothing is an offence by reason of any harm which it may cause to a person for whose benefit it is done in good faith, even



without that person's consent, if the circumstances are such that it is impossible for that person to signify consent, or if that person is incapable of giving consent, and has no guardian or other person in lawful charge of him from whom it is possible to obtain consent in time for the thing to be done with benefit:

### **Provisos Provided**

Firstly - that this exception shall not extend to the intentional causing of death, or the attempting to cause death;

Secondly - that this exception shall not extend to the doing of anything which the person doing it knows to be likely to cause death, for any purpose other than the preventing of death or grievous hurt, or the curing of any grievous disease or infirmity;

Thirdly - that this exception shall not extend to the voluntary causing of hurt, or to the attempting to cause hurt, for any purpose other than the preventing of death or infirmity;

Fourthly - that this exception shall not extend to the abetment of any offence, to the committing of which offence it would not extend.

A, a surgeon, sees a child suffer an accident which is likely to prove fatal unless an operation be immediately performed.

There is no time to apply to the child's guardian. A performs the operation in spite of the entreaties of the child, intending, in good faith, the child's benefit. A has committed no offence.

### **Section 305 - Abetment of suicide of child or insane person.**

If any person under eighteen years of age, any insane person, any delirious person, any idiot, or any person in a state of

intoxication, commits suicide, whoever abets the commission of such suicide, shall be punished with death or imprisonment for life, or imprisonment for a term not exceeding ten years, and shall also be liable to fine.

Subs. by Act 26 of 1955, sec. 117 and sch., for “transportation for life” (w.e.f. 1.1.1956).

## **Relevant Articles of Indian Constitution**

### **Rights to Equality**

**Equality before Law: Article 14. The State shall not deny to any person equality before the law or the equal protection of the laws within the territory of India.**

**Protection of Life and Personal Liberty: Article 21. No person shall be deprived of his life or personal liberty except according to procedure established by law.**

## **The Indian Laws**

### **Some Guiding Principles**

- Doctors should serve and care for their patients with loving concern. This principle has to be the motive and mainspring for practice.
- Deliberate attempt to end or shorten life, whether by omission or commission is unethical and should be restrained.
- Our society's leaders should proclaim the way of righteousness and truth, against taking innocent lives, and provide compassionate care.



- Education of medical personnel and others with moral and spiritual values should be done, which may lead to sound legislation.
- Only a code of ethics based on sound principles can lead society to lasting happiness, harmony and peace.
- Lawyers may be consulted when a person is dying; and many issues may emerge involving the family

## **Living Will**

A Living Will is a document signed by a person stating his/her wishes regarding detailed medical care in case of illness. It can even state how the person wishes to have his/her life ended if diagnosed with a terminal condition. These are written when the person is competent and usually in good health.

\* \* \* \*

Inform and educate well, inspire to live.

# 7 Doctors and Medicine

## NATIONAL CODE OF ETHICS

(London, England)

- A doctor must always maintain the highest standards of professional conduct.
- A doctor must not allow himself to be influenced by motives of profit.
- Any self advertisement except such as expressly authorized by the National Code of Medical Ethics is not permissible.
- A doctor owes his patient absolute secrecy on all information which is confided to him or which he knows because of the confidence entrusted in him.
- Taking part in any medical care in which the doctor does not have professional independence is unethical.
- Entitled to as much of the truth about their condition as they want to know.

## Tubes and Tubes

Proponents of euthanasia are quick to accuse doctors of not letting a patient die in peace. The typical picture drawn is of an old man strapped to a bed, in constant pain, clearly on the verge of death. He has tubes in every natural body orifice and in several artificial ones. The doctor is keeping him alive, perhaps to obtain larger fees, perhaps because he does not want to admit that he has lost the battle for this man's life. A common observation in a retirement community is: "I don't want to be kept alive with all those tubes and painful, expensive treatment." I once advised that life support system be removed from an



80-year-old brain dead woman, but the ventilator was earning good money for the hospital, so the relatives were advised to still hope for recovery.

## Price Tag

When you take the giant step of placing a price tag on human life, judging that it has only relative value, then you have made a fatal move, for a price tag can be marked down. The Nazis marked them down, Holland marked them down. Let's not go down this slippery slope. Make no mistake - the slippery slope is a startling reality.



*William L. Shirer interviewed a Nazi judge condemned to death at Nuremberg. The judge wept: "How could it have come to this?" Mr. Shirer replied: "Herr Judge, it came to this the first time you authorised the killing of an innocent life."*

Margaret Sanger, the Founder of Planned Parenthood, relentlessly promoted eugenics and the genocide of people with darker skin. "Coloured people are like human weeds and are to be exterminated," she wrote. She called them "feeble-minded".

We place a price tag on human life, thereby judging that human life has only a relative value instead of an absolute or sacred value.

## When Will It Be My Turn For A Price Tag?

The term "mercy killing" has been used to legalise euthanasia. The phrase "voluntary euthanasia" has origins in the campaign of

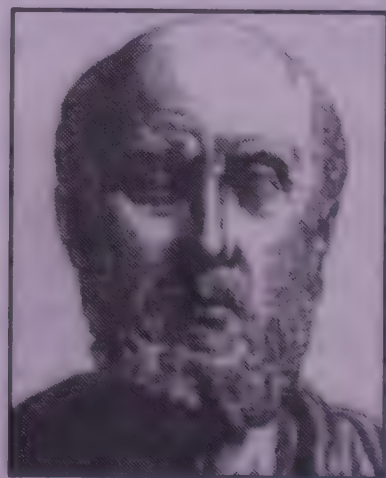
Eugenics to improve the human race by getting rid of its weaker members. This theory teaches that it is the duty of the strong to destroy the weak in order to assist human progress. This theory still has active support from some sociologists and political figures in subtle ways and policies. As Gandhiji said, "There is no mercy in mercy killing".

## Suicide

Suicide is inwardly directed hatred. They do not like themselves. They believe it is not worth living since they and/or others believe they are useless. Suicide among those with serious handicaps is almost non-existent. It is the "normals" around them who judge their quality of life to be unacceptable and commit suicide. *The highest rate of suicides is among rock and film stars. Rich people and guilt-ridden folks are the first to commit suicide.*

## Hippocratic Oath

The Hippocratic Oath written by Greek physician Hippocrates 400 years before the birth of Christ frames the basis of a physician's ethics today.



It clearly states: *"I will follow that method of treatment which according to my ability and judgment, I consider best for the benefit of my patient and abstain from whatever is harmful or mischievous. I will neither prescribe nor administer a lethal dose of medicine to any patient even if asked nor counsel any such thing nor perform any such act. I will give the utmost respect for every human life from fertilization to natural death and reject abortion that deliberately takes a unique human life."*



## Mixed Up Priorities

Some doctors have now moved basic food and water from the category of “ordinary comfort care” to “therapeutic care”. Thus, if a decision is made to withhold further “treatment”, food and water can be stopped. If the doctor stops therapy, the patient sometimes dies. But if the doctor stops food and water, the patient always dies. **Stopping food and water isn’t “letting him / her die”; it is “making him / her die”.** The now heroine Terry Schiavo survived for fourteen days without water: What human resilience! Terry responded bravely and her parents begged her husband to allow them care custody, but he condemned her to death - a starvation death.

## Comfort Care

Comfort care consists of TLC – tender loving care. This includes bathing the patient, putting clean bed sheets, a warm room, a smile, food, water and other personal care.

We must remember that no obligation to treat exists when the cost of maintaining life greatly outweighs the benefits, and when expert medical advice supports this belief.

**“Unless some man shows me... Here we are showing and sharing with you the Truths about mercy killing, euthanasia , but a ‘good death’ with dignity befitting a human being, the like of which is not manmade but God made.”**

## Therapeutic Care

This entails the use of drugs, surgery, etc. directed towards curing a disease, repairing an injury, removing a tumour, etc.

Such therapy can be divided into usual and customary, such as giving antibiotics, splinting a broken bone and removing the appendix, and extraordinary care such as heart surgery, organ transplants, etc. The care giver has always been seen as negligent if comfort care is not given in all cases.

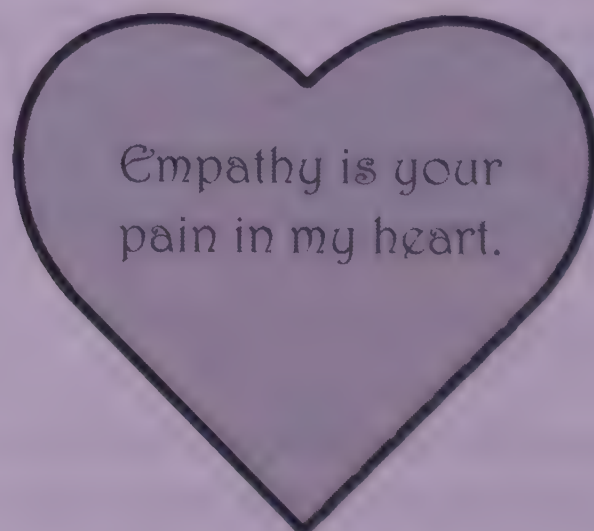
**Extraordinary treatment has never been mandatory and has to be judged in the light of many factors.**

## **Palliative Care**

Palliative care and rehabilitation centres are better alternatives to help the patients approaching death, live a life where doctor care and counselling are administered compassionately and they are aware of what is happening.

Family members may influence the patient's decision to euthanasia for personal gains like wealth inheritance etc. There is no way you can be really sure if the decision towards assisted suicide is voluntary or influenced.

Even doctors cannot predict firmly about the time of death and whether there is a possibility of remission or recovery with other advanced treatments. So, implementing euthanasia would mean many unlawful deaths that could have well survived later.





# 8 Resist Making Distinctions

Dr. Richard Stith famous ethicist of St. Louis School of Medicine advises Resist Making Distinctions like “active – passive”, “ordinary – extra-ordinary”, “artificial – natural”.

The problem with distinctions is that they focus on labeling behaviour rather than the intention behind the behaviour. But since morality is in the largest part a matter of intent such distinctions seem hypocritical quibbles and may get rid of the very people who need our help and depend on our active ‘extraordinary’ or artificial support.

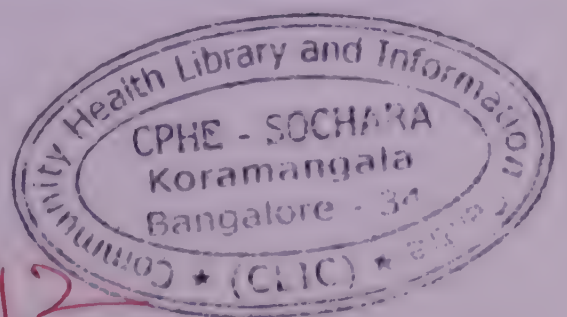
A better moral rule would be the following “Never act or fail to act in order to have someone live” “We may never act with death either as our goal or as a necessary means to our goal”.

\*\*\*

Never act or fail to act in order to have someone live.  
We may never act with death either as our goal or as a necessary means to our goal.

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# 9 COUNSELLING

## The Family and Euthanasia

The word family is derived from the word “fames”, which means a place for caring and sharing. When a baby is born, it is ideally into its most natural environment - the family, in a home however humble and poor where it is nurtured and nourished into adolescence.

In the same way when death occurs or is likely to occur in a family or when the illness is life threatening it is the family, the basic unit of society that is chiefly concerned and its caring and responsible nature comes to the fore.

*Families should discuss amongst themselves and feel free to seek a second doctor's opinion. They should speak to the patients in a loving way to get their opinion. Patients sense the relatives' difficulties - emotional, financial and being a “burden” is felt sorely.*

Families need counselling so that a wife does not reach the stage when a husband says in a case I was recently consulted “Choose between me and your mother” as he felt very neglected! We doctors become so used to dying that we are often “callous” in our dealings with patients or relatives.

Once a patient of mine had to have a minor procedure with local anaesthesia. The husband was very disturbed and anxious when I said “Why are you so upset, it is a minor procedure”, he said, “For you it may be a minor procedure. For me it is major. My father died on the Operation Table when he had to undergo a “Simple Tonsillectomy”! I was chastened and silent in apology.



The doctor must be sensitive and skilled enough to know how much and in what manner to give “bad” news and call for a consultation when needed. The patient’s family is often afraid to even suggest this to the doctor.

## Reflect



No patient needs to suffer because of inadequate pain control. And families can be taught how to obtain life honouring alternatives for their terminally ill loved ones.

The dying have three basic rights:

1. To be treated at all times with dignity, respecting his or her individuality
2. Withdrawal of extraordinary means when sound medical opinion is indicated – this is good medicine, not killing
3. Entitled to as much of the truth about their condition as they want to know

## The 3 R's

The family must regroup, reconcile, rejuvenate and be the vigorous symbol it was in bygone days for the sake of humankind. The fearful symmetry - and God's life giving ways must breathe Love into this.

Nigel White was born with Downs Syndrome over 40 years ago. His father was asked whether he could be “put away” etc! The father, a school teacher and his wife said, “No”. He became a man, travelled and even wrote a book. True his parents gave him “extraordinary” care - another word for love and trusted God and themselves to give Nigel self esteem and a purpose for living.

## **Living Will**

A Living Will is a document signed by a person stating his/her wishes regarding detailed medical care in case of illness sometimes after admission into hospital relatives take the patient a will to sign.

## **Donating Organs**

This is a different and commendable sign after a natural or accident caused death. Some very generously leave a will giving their eyes for use by a blind person, heart and even other organs. This is to be encouraged.

It can even state how the patient wishes to have his / her life ended if diagnosed with a terminal condition. These are written when a person is competent and usually in good health. Often parents sign this on being pressurised!

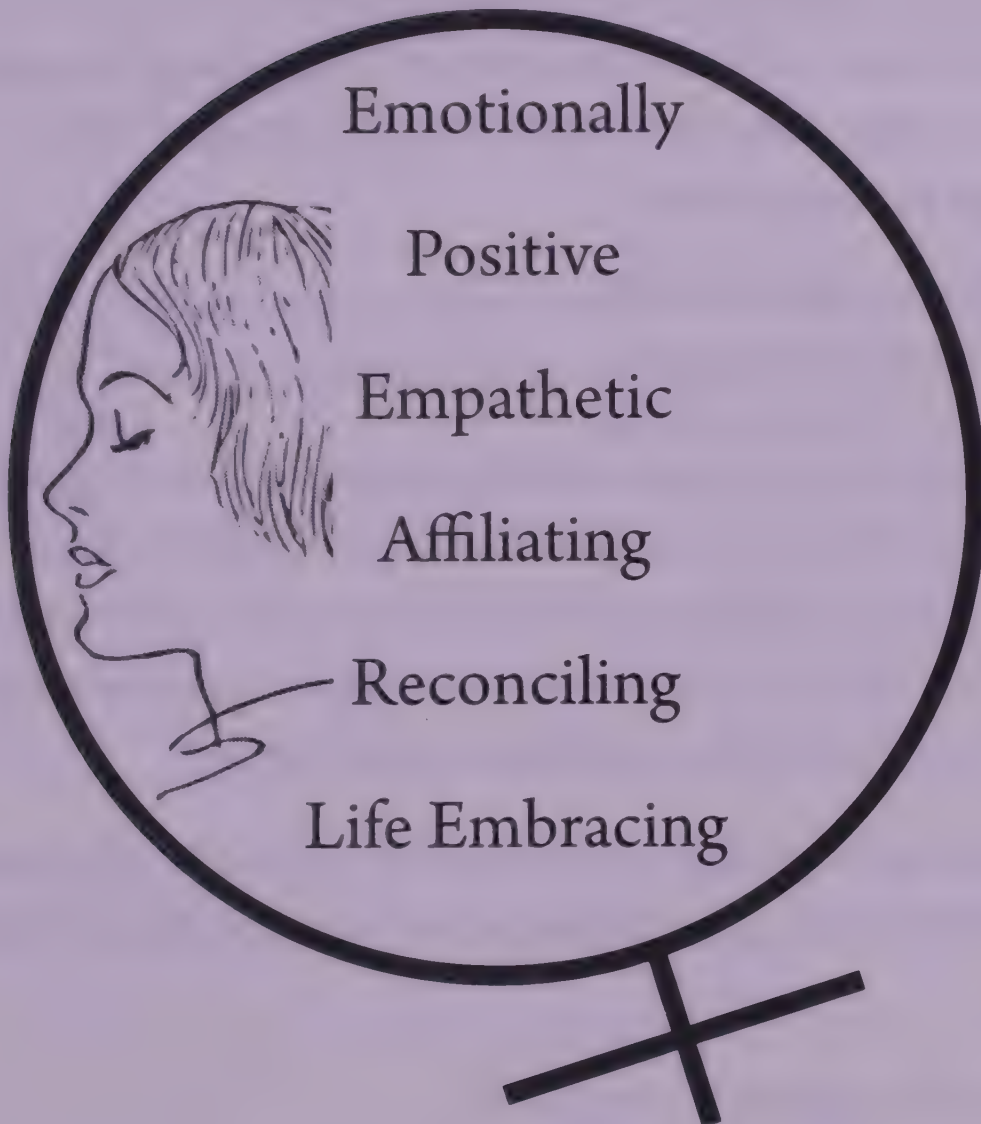
This may be given to the family or lawyer.

★ ★ ★ ★

Let us inform, educate well and inspire to life with love!



# 10 Women and Euthanasia



**T**he woman is always life giving whether physically, emotionally, socially, intellectually or spiritually.

Her attitude is the perfect foil for suffering and dying. Her ability to bear pain, see blood and suffer coming from her menstrual experiences and childbirth endows her with a high pain index, higher than the average man's.

She acknowledges her loving parents. "You were around when I needed you" now "I am around when you need me". She can infuse this positive motivation into others around their loved one's sick bed.

**When today's parents are often not around or available for their children, will their children be available or around for them when they need them in their old age? This is the challenge to the parents.**

How will today and tomorrow's woman grow old gracefully? Respected? Or will this giver of life be left to die?

Women are being 'euthanized' killed in thousands at various venues. By 2015 India will have the largest pool of women over 60 years in the population. How will they grow old? What will they do with almost nonexistent or negligible pensions, health services and increasing breakdowns of the family?

***What cruel or lingering methods will be chosen to exterminate them - these brave, often illiterate but - women, also in God's image!***

What are we going to do for them?

Do we put a Price Tag on these? Unwanted? Unloved ones? - because they are old and can no longer "give" as we want.

Being a doctor, the wife, daughter and granddaughter and in-law of very caring and yet excellent doctors, I witnessed the wonderful way in which they shared with their patients' family in such a way that it made life and service for all three - doctor,



patient and his/her family and even the nursing staff easier and more comfortable. There was no Price Tag. Everyone was valued.

Women make excellent counsellors for grief counselling.

Nurses can give much comforting concern and reassurance to both family and patient.



*When Florence Nightingale  
first wore this cap it was  
meant to **PROTECT LIFE.***

★ ★ ★ ★

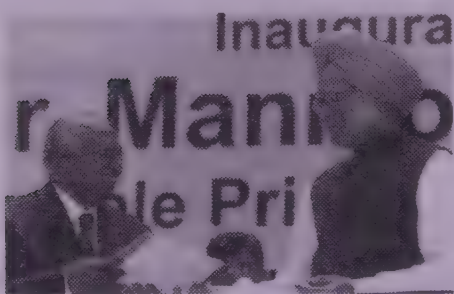
That the love of God becomes truly real  
when through me, it touches another. - The Bible



**Dr. M. Veerappa Moily**  
**Hon. Minister of Law & Justice**  
**Government of India**

Dr. M. Veerappa Moily is a rare combination of academic excellence and concern, devoted to the ethics and the law. He follows closely in the footsteps of the Mahatma Gandhi and Martin Luther King, echoing the Hippocratic belief, "First, do no harm!"

We salute him!



### **PM calls for reforms in legal education**

PM Manmohan Singh with the Chief Justice of India KG Balakrishnan, called for reforms in legal education in "the current system, a sea of institutionalized mediocrity. We are not even marginally nearer to profound scholarship and enlightened research in law" – quoting Dr. S. Radhakrishnan.

"Our law schools need specialized training in human rights training and skills."

It is hoped that this monograph will fill a vital need to educate, enlighten and motivate to justice all work and study.

Excerpt: Deccan Herald May 2, 2010

*"We need to have ethical discernment and moral courage to oppose every facile acquiescence in individual and institutional violence against the mysterious sanctuaries of human life itself"*

Professor George H. Williams - Harvard University.



# 11 Law, Medicine and Ethics

This subject is very close and dear to my heart – that of the interaction of medicine and ethics and the role played by law in promoting medical ethics.

*A*s doctors you will have great authority and power in which you can literally decide the fate of other people – even the fate of the entire nation.

*The word profession is derived from the original Latin 'profiteor' which conveys a meaning of making a public statement of commitment, promise, announcement or confession. When one refers to a dictionary, one finds that the term is restricted to learned occupations and religions. A profession is not merely an occupation of highly learned and skilled technicians, it also includes a strong and inseparable moral commitment made publicly. In medicine, this avowal of morality has behind it, a tradition of many centuries. Ethics is and has always been a force both within and outside the medical profession, shaping its contours and the behaviour of its practitioners.*

The practice of medicine has a special characteristic not found in so pronounced a manner in other occupations. Doctors deal directly, and at the time when a person is most vulnerable, with the immediate issues of life and death, health and illness. The patient is heavily dependent upon the technical knowledge and integrity of the doctor. The doctor thus has a unique involvement with the patient, but this relationship between

doctor and patient is not balanced. The patient's attitude is a complex of trust and, paradoxically, also that of distrust which comes from the state of uncertainty and vulnerability. This ambivalence in doctor-patient relationship is addressed by medical ethics, which tries to guarantee the patient that the doctor will not abuse his dominance in the relationship. Thus, medical ethics is essentially a regulatory mechanism that makes the doctor commit publicly that though medical practice is the source of his living, he will strive to the utmost for the benefit of the patient.

**The rights of the patient as an autonomous individual, the issue of the doctor's competence, health and medical knowledge to practice were elaborated only in the last quarter of this century.**

In most countries of the world, self regulation to promote medical ethics is advocated. Self regulation implies a voluntary and internal regulatory mechanism within the profession, irrespective of whether such controls are demanded by law or others outside the profession.

Caraka and Susruta in India, Hippocrates in Greece and other medical sages elsewhere are examples of this concept in practice. The oaths named after them and the obligations they enforced from their pupils were not legal documents. Rather, they exerted authority on the basis of the relationship between teacher and student and the examples offered by the teachers, gaining a sanctity that few laws can match. The extremely high standards they set prompted the acceptance of these oaths by subsequent professionals in medicine right up to the present as the basis for medical ethics.



**Frank Grad, a distinguished professor of law in the United States, in his article entitled “Medical Ethics and the Law” wrote this while emphasising the need and importance of self regulation in medicine:**

“It is part of our folklore that once we were a free people, with physicians, lawyers and others carrying on their professions free from burdensome regulations, exercising their best professional and ethical judgement, responsible only to themselves and to their peers, in accordance with norms expressed in codes of professional societies in which they were free and voluntary members.”

**It is normally accepted as a rule that ethics is something more than law.**

The formulation of various aspects of ethical code is based on ethical principles, which are in many ways different from legal principles. Ethics governs conduct. Principles based on it thus delve into fine aspects of the conduct of doctors. Ethics and its principles also come into play to resolve recurrent ethical dilemmas in medical practice. The point of ethics being more comprehensive than the law has a practical implication on medical malpractice and judicial remedies available against it.

There is another interesting relationship between the law and ethics. Since autonomy and self regulation are not merely ethical principles but are backed by law, the self-regulatory code has legal value and significance. Once specific clauses are accepted by the profession as part of a self-governing code, they acquire legal validity. For example, aggrieved patients can haul up

professionals erring against such clauses before the court of law.

Progress in biomedical research, genetic engineering, reproductive technologies, organ transplants, human cloning, clinical trials of drugs and devices on humans pose serious problems. Besides general education, courses in law and ethics should be compulsory for all graduate students. The commercialisation of medicine as a trade with saleable products arouses a strong public feeling that medicine no longer is a profession which requires a strong dedication to public service. As Lord Horder, personal physician to five successive British monarchs, put it: "The work of the doctor will, in the future, be ever more that of an educator, and ever less that of a man who treats ailments."

Today we export our brains, and then we import technology at an exorbitant cost. This must change immediately, Government must frame rules to discourage brain drain. We have the best institutes, best brains; we are able to train them but not retain them in India!

*"To me the ideal doctor would be a man endowed with profound knowledge of life and of the soul, intuitively divining any suffering or disorder of whatever kind, and restoring peace by his mere presence."*

- Henri Amiel, Swiss Philosopher & Poet

**(Excerpts from Convocation Address of DR. VEERAPPA MOILY, Union Minister of Law and Justice, Government of India, at St. John's Medical College)**



# 12 True Stories

*You can face, fight with faith or take flight with fear.*

*These wonderful human beings were helped by family and friends.*

Many people in any predicament confronted with life and death issues, realize and gain strength and courage when they know about others' successful struggles.

Here are some heartening true stories, which will help both patient, family, doctor and nurses. They carry tremendous power and serves as an effective, persuasive tool in affecting public opinion.

*We need to hear stories that demonstrate how the solution is to kill the emotional and psychological pain and not kill the patient. We need to show and explain why individuals should personally fear assisted suicide as a serious threat to their lives.*

## **Section 1**

### **Show them that they are loved**

#### **1. Jan - Support of wife and family**

“My name is Jan. I am 74 years old and want to share my story with you remembering as I learnt that “Science gives the technique, but the Spirit gives the impulse” – the impulse to love, to be happy and above all to achieve the potential God created me for.

*At 65 years, I suffered a stroke which left me in a deep coma for over six months. I understood I was “given up” as a hopeless case and my wife Nita was advised to have me injected. She knew how much*

*I still wanted to do professionally, and my life was precious to her and our children and grandchildren. She had heard that a brain researcher had found that the brain never stops learning. The term vegetable or to vegetate is incorrect. So she withheld her consent to give an injection to put me "down". The family members from three generations got together, reflected, prayed and decided that nature should take its course, and the decision should be in God's good time. After six months, the doctor found some responses and was surprised when they increased. My hearing was the first to come back, my toes moved, then my eyes opened, and here I am now talking and writing my story to help people believe in the power of hope and the spirit that generated human life." How much I thank God for my wife and life!*

## **2. Dr. L**

Dr. L had a severe stroke at 68 and was discharged from the hospital to be cared by his wife and children.

One of medico daughter said, "We were forced to take turns and make a time table of duties and help our mother in caring of our father."

From resentment of performing these duties, it had rather led us to bonding in caring, helping our mother to care for our father, and in the end we held hands as my father lay dying, realizing how much closer as a family we had grown together.

## **3. Sir Francis Chichester** (The first person to sail around the world alone)

In 1958, Chichester was diagnosed with terminal lung cancer and his doctor told him he would soon die. His wife-to-be Sheila put him on a strict macrobiotic diets and his cancer went into remission. He went on to live for fifteen vigorous years.



#### **4. Dr. Christian Barnard**

In his autobiography, famous heart surgeon, Dr. Christian Barnard related that as a young intern he once came within a needle plunge of committing a mercy killing on a woman who was in extreme agony from cancer pain. He had to stop as he was suddenly called for an emergency. The woman recovered and lived for three “good years” and then died peacefully with her family around. This made him change his whole attitude to “taking life” by so called “mercy killing”.

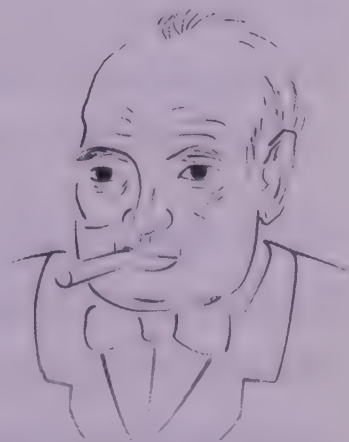
#### **5. Dr. Lusito**

Dr. Lusito of Tata Cancer Hospital, Mumbai, had a woman of forty whom a colleague had treated fifteen years earlier come to see him hoping that her “gastric” symptoms would be cured successfully by him. When he examined her case file, he found that she had been diagnosed with incurable cancer. Since she had been assessed as not mentally strong enough to take the verdict of terminal illness, she had been told to rest and to eat well. He was stunned that the woman was in front of him, fit and fine, with her teen aged son. Dr. Lusito is the Founder of India’s Hospice Care Programme.

#### **6. Winston Churchill**

When Winston Churchill was seriously ill with pneumonia, his distraught wife Clementine records how his doctor repeated: “Nothing more we can do to save him. There is a new medicine called Penicillin, but not yet on the market.”

Clementine asked: “Who has this drug; how can we get it?”



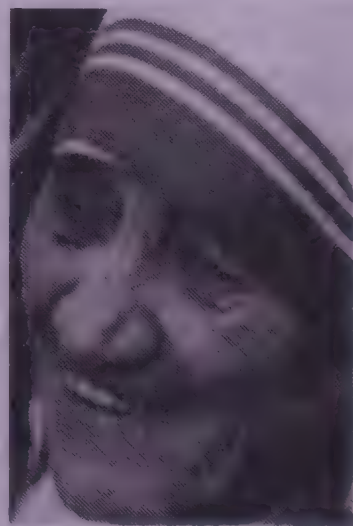
He replied that a man named Alexander Fleming in the US had developed it. Clementine was relieved and thrilled because Fleming was a close friend of Winston. Churchill had saved Fleming's life as a young boy when he was drowning! So Penicillin was flown across the Atlantic, Winston Churchill recovered and the rest is history!

## **6. Dr. Jack Willke**

Jack Willke, a physician who has dedicated his whole life and skills to defending the right to life. He has vowed never to “play God” and never predict death. As a junior intern he had seen two vials of precious penicillin being administered to a dying young man who miraculously recovered, but who had been left to die earlier.

## **7. Mother Teresa – “dying like an angel”**

A terminally ill old man covered with sores was taken to Nirmala Hridaya (the House of Dying in Calcutta). He was attended to with compassion and care. Before his death a few days later, his eyes shining in wonder, he said: “All my life I have lived like an animal, but now I am dying like an angel.” He experienced love for the first time and a caring he had never had.



*Many people have been made to believe that a better quality of life is confined to the economic contribution of the individual. Any discussion is sidelined by emotion when it pertains to illness, suffering, dying, loving and caring. However, we should see the issues*



*carefully and the repercussions and precedence that are set for the present and future generations.*

The judiciary and medical sciences are involved and every culture, religion, non-religion has some views. Decisions are made in India by nuclear families with a joint family mentality; therefore, many persons are involved and affected when their dear ones are seriously ill.

## **Show them that they are loved:**

### **Peter's Story**

Some years ago a very good friend, Peter Faria, was dying. The family was distraught and wanted to fly him abroad for treatment. His doctor, Alfred Mascarenhas, advised them that he had only about fifteen days to live and to let him spend his last days in his own beautiful home surrounded by his loving family. His family cared for him lovingly. I witnessed him speaking calmly on the phone to his son who is abroad, with to his wife and elder son and daughters around him. He joined his Creator a fortnight later. His grateful family always remembers this.



### **Anita**

Anita, an 80-year-old woman who had been blind for over 10 years, was taken to her room in a Home as there were no close relatives to look after her. The attendant, who was guiding her, described the colour of the walls, the flowers on the curtains, etc. Anita told her it wasn't important because she had seen

all the colours and flowers that there are to see. “It is the atmosphere that is vital for me.” Her positive attitude struck the attendant. She realized that Anita’s frame of mind and outlook were just what they needed at the Home and gave her a warm embrace. Already feeling happier in her new surroundings, Anita immediately responded. A touch, a pat on the back, a nod of approval and a loving embrace are all important for the human person.

## **Ms Ethel**

Ethel, a retired Government officer, had a stroke and fell unconscious. Alarmed, her husband rushed her to hospital where for three days no treatment was administered. “We are observing her,” the doctor said. Her husband became more disturbed and discharged her against medical advice. In the second hospital, she was found to be in extreme thirst and dehydrated. With three weeks of the correct treatment, she recovered fully, and the “inertia” illness disappeared.

## **Section 2**

## **Other Opinions**

- Mrs. Tehmi Dhalla, a Parsi Zoroastrian survivor, believes in one God and worships fire and its strength. She says: “I am definitely against so-called mercy killing, and I myself prefer to die a natural death. I am 85 years old now. God, who gave me life, should be the only one to take it away. However, commercialisation of euthanasia and family disputes often influences decisions.”



- A young social worker and student, Kashinath Sharma, from Bihar has four brothers and one sister. He says that if any member of his family is suffering from an incurable disease and he has financial problems, he would never suggest euthanasia or give his approval for it.
- Dr. Hingnorani, eminent surgeon and surgeon to the President of India, recalls a case which made him change his mind about supporting euthanasia. There was a patient with an advanced case of cancer of the jaw. His two sons had requested the doctor to give their father an injection to kill him as they could not bear to see him suffer. Dr. Hingorani was debating over this when a relative met him to alert the doctor that the sons may make such a request because they stood to gain financially from their father's death. Dr. Hingorani was shocked that sons could be so callous especially when the father's eyes shone with affection whenever he mentioned them. His pro euthanasia stand was dramatically changed.
- Presently there is a debate going on in KEM Hospital, Mumbai, involving Aruna a Nursing Sister who was attacked by a ward boy and left unconscious to die. She has been comatose for 36 years and is cared for by the staff of the hospital. The Medical Superintendent's response to a plea to euthanise her was: "Her condition is indeed pitiful but if her life is terminated artificially, it would set a precedence which could be misused by doctors and others."

# 13 Frequently Asked Questions

1. Why am I suffering? Is there no end? Who can tell me the truth? Why are they withholding it? I can take it.
2. I feel pained to see my daughter - my little girl once, come nearly every day after a heavy day's of work. She looks tired. Should I sign a Living Will or not?
3. What about the expenses for my treatment? My insurance is far from adequate. Whom can I ask?
4. If I am not going to recover, can't I go home and die peacefully and happily? Besides, the expenses being less, wouldn't I will be happier seeing, praying and sharing with my loved ones?
5. I have heard there are hospices where tender loving care is given. Why can't I go there and spare my family pain and cost? I am not afraid to die. I look upon Death as a fitting conclusion to my life and suffering physically is not the important thing.
6. What is competence - physical - mental - emotional - social - spiritual? Who can pronounce the state of competence?
7. How much should be spent to make a person competent?
8. Is a patient who is unable to make treatment decisions for / by himself / herself or is unconscious or emotionally disturbed or mentally ill incompetent? What can be done and by whom in these different situations?



9. By law, minor children are considered incompetent to make their own treatment decisions. If the parents are divorced who makes the decision?
10. What is spiritual aid? How can it relieve a person's grief and suffering? Are there people trained to do this?
11. Why can't parents and children bond more rather than less as they grow? Can we rectify this problem? Then being born, living and dying can be a loving cycle of life.

## **ABOUT DR. MARIE MIGNON MASCARENHAS, AUTHOR OF THIS MONOGRAPH**



Dr. Marie Mignon Mascarenhas, is a graduate of Grant Medical College, Mumbai and MFCMRCP London. She has followed in her surgeon father's footsteps of commitment to bioethics and directs the Girl Child and Women's Education and Interfaith Harmony Project of Crest. He and her husband provided her the ambience of life and ethics.

This Monograph marks the 25<sup>th</sup> anniversary of the International Federation in Bangalore, India, and the Founding Conference and the Family Welfare Centre of St. John's Health Academy. Its proceeds are earmarked for the Girl Child Work which is vital for India.

Dr. Marie Mignon Mascarenhas is the Director South Asia Regional of the International Federation for the Right to Life. She has lectured in 5 continents and is a Consultant for WHO.

She is hopeful that this Monograph will restore life and love in its fullness in all families.

For copies of her book, contact

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## NO LICENSE TO KILL



Dr. M. M. Mascarenhas  
Director CREST Bioethics Cell  
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By Xavier Board of Higher Education, India  
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DIE A GOOD DEATH  
A NATURAL END  
NOT ASSISTED BY SUICIDE  
MEDICINE, LAW & WITH ETHICS

**Highly Recommended by Dr. M. Veerappa Moily for Graduates**

"Every college graduate, teacher and educator should have a copy of this Monograph and help India to regain its glory as the country is known for its law, order and sense of justices. As Minister of Law and Justice, I appeal to the medical community to fully utilize the fund of knowledge flowing out of this book."

Dr. Bert & Willy Dorenbos are Founders of Holland's "Cry for Life". They have committed their life to protecting and enhancing human life from conception to natural death and are wholly dedicated to India's brown-eyed blossoms, whom they work hard to bring out of the darkness of neglect into the sunlight of caring.

CREST is immensely grateful to them and their continued encouragement. They make true the belief that East and West do meet in caring unity.



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